

FINANCIAL STATUS REPORT

Real Alternatives

FE ID Number 23-2868660	Contract Number E20182832-00				Page 1	Of 3	
Local Agency Name Real Alternatives	Program Pregnancy and Parenting Support Services Program - 2018				Code		
Street Address 7810 Allentown Blvd Suite 304	Report Period 09/01/2018 Thru 09/30/2018 Final <input checked="" type="checkbox"/>				Date Prepared 11/29/2018	Date Approved 12/7/2018	
City, State, ZIP Code Harrisburg, PA, 17112 3764	Agreement Period 10/01/2017 Thru 09/30/2018				Operational Advance 0.00		
Category	Expenditures				Agreement		
	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses							
1. Salary & Wages	17,589.83	0.00	90,337.54	0.00	63,500.00	-26,837.54	142.26%
2. Fringe Benefits	2,641.26	0.00	20,746.09	0.00	19,000.00	-1,746.09	109.19%
3. Travel	1,322.56	0.00	3,620.08	0.00	2,100.00	-1,520.08	172.38%
4. Supplies & Materials	6,931.07	0.00	30,086.65	0.00	28,200.00	-1,886.65	106.69%
5. Contractual	23,838.30	0.00	406,459.91	0.00	440,250.00	33,790.09	92.32%
6. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
7. Other Expense	65,829.60	0.00	93,157.70	0.00	96,950.00	3,792.30	96.09%
Total Program Expenses	118,152.62	0.00	644,407.97	0.00	650,000.00	5,592.03	99.14%
Indirect Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
TOTAL EXPENDITURES	118,152.62	0.00	644,407.97	0.00	650,000.00	5,592.03	99.14%

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Category	Revenues								Agreement		
	Funds	Cash	Inkind	Total Match	Total	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	118,152.62	0.00	0.00	0.00	118,152.62	0.00	644,407.97	0.00	650,000.00	5,592.03	99.14%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	118,152.62	0.00	0.00	0.00	118,152.62	0.00	644,407.97	0.00	650,000.00	5,592.03	99.14%

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JUSTIFICATION : TEST

CERTIFICATION: I certify that I am authorized to submit on behalf of this organization and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported. By submitting the FSR the individual is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Authorized Signature : Clifford McKeown

Date : 11/29/2018

Title: Vice President

Contact Person Name: Clifford McKeown

Telephone Number: (717) 541-1112

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	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Real Alternatives is an equal opportunity employer, services, and program provider.		